POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KAL	70821	519
O.I.P.E. CLASSIFIER	SJN		9/12/00
FORMALITY REVIEW	5	64934	7/0/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim	Date					Claim	Date						Claim	Date				
Final / Original						Final / Original							Final / Original					
						51							101					
						52							102					
						53							103					
						54							104					
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						57							107					
						58							108					
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44						94							144					
45						95							145					
46						96							146					
47						97							147					
48						98							148					
49						99							149					
50						100							150					

If more than 150 claims or 10 actions
staple additional sheet here

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